



Verification and Consent Form

TO BE SIGNED BY THE APPLICANT'S SUPERINTENDENT

I have verified to the best of my ability that this applicant for the Christa McAuliffe Sabbatical Program is a full-time classroom teacher in a public school at present and has completed the past five consecutive years as a full-time classroom teacher in a New Hampshire public school. Further, this teacher is a United States citizen and holds a valid New Hampshire teaching certificate with the appropriate endorsement(s) for his/her current assignment.

If selected for the Christa McAuliffe Sabbatical, this applicant will be granted a leave of absence for the 2025 – 2026 school year. The Charitable Foundation will provide a grant in the amount of a full school year salary plus FICA paid directly to this applicant's school district for disbursement at the same rate of pay the individual would normally have received during the school year for classroom teaching. The school district will continue to provide full benefits as specified in the local master contract, including medical and retirement.

TEACHER NAME _____

SUPERINTENDENT NAME _____

SCHOOL DISTRICT _____

ADDRESS _____

PHONE NUMBER _____

SUPERINTENDENT SIGNATURE _____

DATE _____